## KZ1 (CCC) 270625

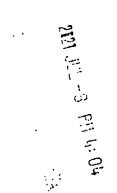
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Harre)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300369517443

07/08/21--01007--009 \*\*25.00



## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

Tallahassee, FL 32314

SUBJECT:		FERNANDEZ LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEVEN FERNANDEZ		
		Name of Person	<del> </del>
	STEVEN FERNANDEZ I	LC	
		Firm/Company	<del></del>
	2733 HIDDEN COVE CO	URT	
	<del></del>	Address	· <del></del>
	ORLANDO, FL 32822		
		City/State and Zip Code	
	stevenfrealestate@gmail.co		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Steven Fernandez		321 946-5759 at ()	
Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ation
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEVEN FERNAL			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Company lorida document number	were filed on	6/10/2021	and assigned
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ility company her	<u>'e</u> :	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de-	signation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			2897
			<u>ن</u> ــــ .
	<del>.</del>		1
			ئ
nter new mailing address, if applicable:			<u> </u>
<u> 1 Auiling address MAY BE A POST OFFICE BOX</u> )			
			<del>: -</del> '
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the na</u>	me of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
		, Florida	
	City		Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Steven Fernandez	2733 HIDDEN COVE COURT	
		ORLANDO, FL 32822	□Remove
		·	□Add
		<del></del>	□Remove
			□ Change
		-	Add PRemove
			Remove
			do Change
		· · · · · · · · · · · · · · · · · · ·	⊡ <b>≱</b> add
			□Remove
		<del></del>	□Change
			□Add
		11 11 12 12 12 12 12 12 12 12 12 12 12 1	□Remove
			□Change
			□Remove
			□Change

amending any other information, enter change	(-,		<i>,</i>	· ·
	<del></del>			27
				<u> </u>
				ئ
		<u>, , , , , , , , , , , , , , , , , , , </u>		
			<u> </u>	<u> </u>
		<del></del> .		. 0
				_
	<del></del> -			· · · · · ·
Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot ote: If the date inserted in this block does not meet the beament's effective date on the Department of State's in	e applicable stati	filing or more than 90 utory filing require	(optional days after filing ments, this dat	g.) Pursuant to 605.020
record specifies a delayed effective date, but not an effective date, but not an effective date.	ective time, at 12	2:01 a.m. on the ear	lier of: (b) T	he 90th day after the
ated July 5 20	)21			
	7			
Signature of a member	or authorized rep	resentative of a memb	er	

Filing Fee: \$25.00